

**WARRANTY DEED**

**DON E. MCGREGOR and wife,  
CATHERINE CAROLINE REESE**

**GRANTORS**

**TO**

**SUSAN L. ROSER,  
An Unmarried Person**

**GRANTEE**

**FOR AND IN CONSIDERATION** of the sum of Ten Dollars (\$10.00), cash in hand paid by the Grantees to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **DON E. MCGREGOR and wife, CATHERINE CAROLINE REESE**, do hereby grant, bargain, sell, convey and warrant unto **SUSAN L. ROSER, An Unmarried Person, in fee simple** the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 435, Section "B", Southaven Subdivision, in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof record in Plat Book 2, Pages 14-16, in the Office of the Chancery Clerk of DeSoto County, Mississippi, together with the improvements, hereditaments and appurtenances thereunto belonging.

Title to the above described property is vested in Don E. McGregor. Catherine Caroline Reese wife, of Don E. McGregor, for the consideration expressed herein, joins herein for the purpose of granting, bargaining, selling, conveying, and confirming, and does hereby grant, bargain, sell, convey, and confirm unto the party of the second part, their heirs and assigns, all rights, claims and interest of every kind, character, and description whatsoever which he may now have or hereafter may acquire, but the said Catherine Caroline Reese does not join herein in the covenants and warranties of this indenture.

**TO HAVE AND TO HOLD** unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following: subdivision and zoning

Reli

|

5

regulations in effect in DeSoto County, Mississippi, to rights of way and easements for public roads and public utilities, and to the restrictive covenants of record for said subdivision. Taxes for the year of 2007 will be prorated and paid by the Grantee. Possession is to be given upon delivery of the deed.

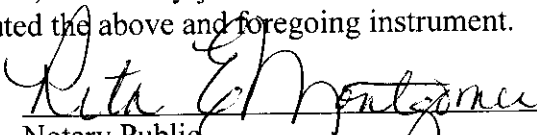
WITNESS our signatures this the 26<sup>th</sup> day of March, 2007.

  
\_\_\_\_\_  
Don E. McGregor

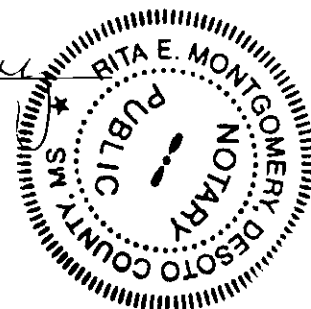
  
\_\_\_\_\_  
Catherine Caroline Reese

**STATE OF MISSISSIPPI  
COUNTY OF DESOTO**

Personally appeared before me, the undersigned authority in and for said State and County, on this the 26<sup>th</sup> day of March, 2007, within my jurisdiction the within named Don E. McGregor, who acknowledge that he executed the above and foregoing instrument.

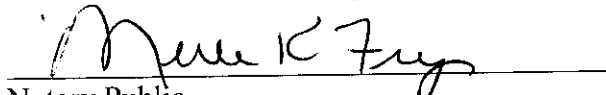
  
\_\_\_\_\_  
Notary Public

My Commission Expires: 7-28-09

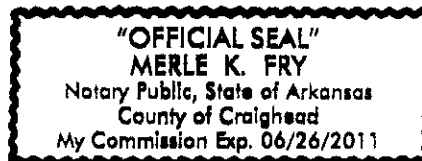


**STATE OF ARKANSAS  
COUNTY OF CRAIGHEAD**

Personally appeared before me, the undersigned authority in and for said State and County, on this the 26<sup>th</sup> day of March, 2007, within my jurisdiction the within named Catherine Caroline Reese, who acknowledge that she executed the above and foregoing instrument.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: 6-26-2011



Address of Grantor:

312 Maazee Ann Dr  
Jonesboro, AR 72401  
Residence Phone: 870-935-8343  
Business Phone: 901-268-1549

Address of Grantee:

1458 Bennington Drive  
Southaven, MS 38671  
Residence Phone: NA  
Business Phone: NA

***Prepared by and return to:******Reli, Inc.******6820 Cobblestone Blvd., Suite 1******Southaven, MS 38672******Phone: 662-895-2799******SHN0700042***

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

SA 355 PG 173

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-90-02710

FILING DATE FEB 21 1990

OR PRINT  
BLACK INK

DECEASED	1. NAME First Middle Last Thomas C Camp			2. SEX Male	3a. HOUR OF DEATH 11:25 AM	3b. DATE OF DEATH (Month, Day, Year) 12-13-90	
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 72 Years	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) 07-10-17	7a. COUNTY OF DEATH Desoto	
	7b. CITY OR TOWN OF DEATH Southaven	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Baptist Hospital Desoto Branch 17-B			7d. IF IN HOSP. OR INST SPECIFY INPT., OUTPT., EMER. RM. OR DOA Inpt.	8. STATE OF BIRTH Miss.	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College Unknown (1-4, 5+)	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Edwards Camp		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		
RESIDENCE Items, actual location, home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 425-48-6785		15a. USUAL OCCUPATION (Kind of work done, most of working life) Janitor		15b. KIND OF BUSINESS OR INDUSTRY private
	16a. RESIDENCE-STATE Miss.	16b. COUNTY Desoto	16c. CITY OR TOWN Southaven		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 1458 Bennington Dr.
DECEASED	17. FATHER-NAME First Middle Last John Thomas Camp			18. MOTHER-NAME First Middle Maiden Fannie Bailey			
	19a. INFORMANT-NAME (Type or print) Thomas A. Camp			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) Banner, Miss. 38913			
POSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY-NAME Stewart Cemetery		20c. LOCATION (City and State) Banner, Miss.		21a. EMBALMER-SIGNATURE AND NUMBER FS132
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Parker Funeral Home 07A		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 458 Bruce, Miss. 38915				
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Mike Foster, MD.			22b. PRONOUNCED DEAD (Month, Day, Year) ON 2/13/90		22c. PRONOUNCED DEAD (Hour) AT 11:30 AM	
	23a. CERTIFIER-NAME (Type or print) Mike Foster			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) Desoto - BMA			
CERTIFIER	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 2/13/90 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24c. STATE LICENSE NUMBER MD 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE 24g. DATE SIGNED (Month, Day, Year)			
	25. PART I: DEATH CAUSED BY: (a) Ventricular fibrillation and dysrhythmia (b) Congestive Heart Failure - (c) Atherosclerotic Heart Dz -						
	26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I Parkinson's Dz.						
	27. AUTOPSY (Yes or No) 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)						

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Army, MD, MHA, MPH  
STATE HEALTH OFFICER  
MAR 27 2007Judy Moulder  
STATE REGISTRAR

## WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

7741143

BK 555 P6 174